



INSURANCE DEDUCTION AUTHORIZATION
(FOR DEDUCTION FROM BENEFIT PAYMENTS)

NOTE: Please read "Important Information and Instructions" on reverse before completing this form.

PRIVACY ACT INFORMATION: No insurance deduction may be made unless a completed authorization has been received (38 CFR 8.8). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 1/6 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0024), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

1. FIRST, MIDDLE, LAST NAME OF INSURED (Type or print)		2. INSURANCE FILE NO. (Include letter prefix)	
3. NUMBER AND STREET OR RURAL ROUTE (Type or print)		4. VA CLAIM FILE NUMBER	
5. CITY OR P.O., STATE AND ZIP CODE (Type or print)		6. TOTAL MONTHLY BENEFITS AWARDED (Before deductions)	
7. ACTION REQUESTED <input type="checkbox"/> START <input type="checkbox"/> DECREASE <input type="checkbox"/> INCREASE <input type="checkbox"/> DISCONTINUE		(<input checked="" type="checkbox"/>)	8. PURPOSE AND AMOUNT OF DEDUCTIONS TO BE MADE
			PREMIUM \$
			LOAN \$
			LIEN \$
AUTHORIZATION: The Department of Veterans Affairs is authorized: (1) to deduct each month from benefits payable to me the sum indicated in Item 6 to be used in payment of premiums, repayment of Loans and/or Liens as shown above, and (2) TO ADJUST THE AMOUNT REQUIRED within the limits of benefits payable, to pay premiums on my Government Life Insurance.			
9. SIGNATURE OF INSURED		10. DATE	
		FOR VA USE ONLY	
		FORMS PREPARED <input type="checkbox"/> 29-5707 <input type="checkbox"/> 29-5926	